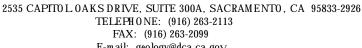


STATE BOARD OF REGISTRATION FOR GEOLOGISTS AND GEOPHYSICISTS





FAX: (916) 263-2099 E-mail: geology@dca.ca.gov Website: www.dca.ca.gov/geology

APPLICATION TO RETAKE EXAMINATION

FOR LICENSURE AS A CERTIFIED HYDROGEOLOGIST

FOR OFFICE USE ONLY			
Received			
Receipt No.			

THIS APPLICATION MUST BE TYPEWRITTEN AND SIGNED

Examination Fee (Remit by check or money order only)				
Registered Geologist License No		Previous Application	/n)	
NAME	LAST	FIRST		MIDDLE
ADDRESS	STREET/P.O. BOX	CITY	STATE	ZIP
MAILING ADDRESS (If Different)	STREET/P.O. BOX	CITY	STATE	ZIP
BUSINESS TELEPHONE		HOME TELEPHONE		

The information you provide on this application is maintained by the Executive Officer of the State Board of Registration for Geologists and Geophysicists (Board), Department of Consumer Affairs, 2535 Capitol Oaks Drive, Suite 300A, Sacramento, CA 95833, (916) 263-2113. The information is requested pursuant to Business and Professions Code sections 7841 and 7842 and/or California Code of Regulations, Title 16, sections 3009, 3021 and 3042. It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete. (Title 16, California Code of Regulations sections 3024 and 3028.)

Your application and supporting documentation becomes the property of the Board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Government Code section 6250 et seq.) and the Information Practices Act (Civil Code section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law.

*Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.

You have the right to review the records maintained on you by the Board or department unless the records are exempt by section 1798.40 of the Civil Code. You may gain access to the information by contacting the Board at the above address.

I declare under penalty of perjury under the laws of the State of California that the information on this application, or any appended sheets, is true and correct.

SIGNATURE	DATE	
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